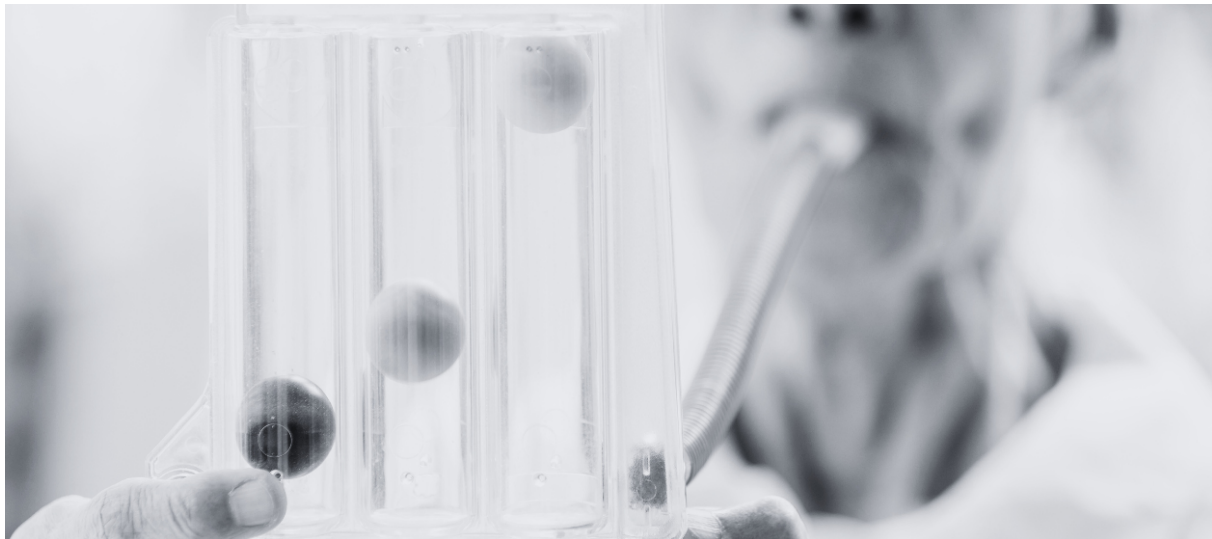


Improving COPD Management in Primary Care – A Clinical Audit



CPD Outcomes



Reviewing
Performance (RP)

3 hours



Measuring
Outcomes (MO)

7 hours

RACGP CPD Approved Activity	
Reviewing Performance	Measuring Outcomes
3 hours	7 hours

Instructions

Please download and SAVE this document to your computer first before filling in your details. Once you have finished completing this document, retain a copy and submit this back to the Gold Coast PHN team at practicesupport@gcphn.com.au to review and approve your submission for your CPD hours to be uploaded to the RACGP dashboard. Retain a copy of your **COPD Clinical Audit – Compliance Tool** for your own record.



The following resources need to be reviewed by the GP prior to commencing the audit.

1. This clinical audit includes 3 documents:
 - Improving COPD Management in Primary Care – Evidence Booklet (this document).
 - COPD Clinical Audit – Compliance Tool
 - GP Evaluation Form (following completion)
2. Access video outlining importance of early lung health and how GPs can expand the horizon of COPD prevention and treatment by acting earlier.
 - [Review video - Dr Lee Fong - An overview of the Chronic Obstructive Pulmonary Disease Clinical Care Standard](#)

Improving COPD Management in Primary Care – A Clinical Audit

3. Conduct mandatory reading on best practice clinical guidelines for **Spirometry and COPD**:
 - [Chronic Obstructive Pulmonary Disease Clinical Care Standard 2024](#)
 - [Spirometry fact sheet](#)
4. Useful resources on best practice clinical guidelines for **COPD**:
 - [COPD-X Handbook](#)
 - [Action Plan | Lung Foundation Australia](#)
 - [First Nations COPD Action Plan](#)
5. Using the Primary Sense **Chronic Lung Disease and Asthma** report, export to excel and filter report by searching using following parameters:
 - **GP name:** e.g. “Dr Jane Doe”
 - **Diagnosis:** “COPD”. If there are less than 10 patients, amend the filter to include alternate diagnosis of “emphysema” and/or “chronic bronchitis” until minimum of 10 patients are identified.
6. From the report, sort and select the **last 10 patients** for the audit by sorting by the “last visit” column.
 - Complete the audit by looking at each patient’s clinical record and documenting their results on the **COPD Clinical Audit – Compliance Tool**.
 - If you don’t have access to Primary Sense, you can use your Clinical Information System Search Query Function to run reports to find their usual patients with COPD and identify the ten most recent visits.
7. Once, the **COPD Clinical Audit – Compliance Tool** is completed, continue with the overall reflection for **Cycle 1** (page 4), and:
 - Present the cycle one results with your clinical and non-clinical colleagues at a practice meeting including the top three identified areas for improvement and how to minimise the barriers to referring or completing spirometry testing. Suggest meeting minutes are taken (this documentation can be used as evidence for PIP QI and/ or Accreditation).
 - Implemented the agreed changes based on findings from first clinical audit.
8. If NO spirometry has been completed within the last 12 months, suggest recalling patient for a spirometry test or referral if clinically indicated. Recall process can be delegated to an administrative staff member.

Improving COPD Management in Primary Care – A Clinical Audit

9. **Cycle 2:** Three months after undertaking change activities, using the **COPD Clinical Audit – Compliance Tool**, re-audit the same 10 patients reviewed in Cycle 1. Review and compare results from Cycle 1 and Cycle 2 to:
 - a. See if there has been an improvement (or a regression or no change) in each of the indicators.
 - b. Determine if further improvements for individual patients are needed.
 - c. Determine if the practice will adopt improvement changes in a business-as-usual approach.
 - d. Identify patients who had a diagnosis re-classified due to the use of spirometry testing (e.g. asthma overlap).
10. If spirometry has still not been performed within the last 12 months (as per Cycle 1), consider whether a spirometry test is clinically indicated and, if so, document reasons for non-completion (e.g., patient declined, limited access in nursing home, or patient has not returned despite recall attempts).
11. Complete Cycle 2 reflection questions (page 6) and:
 - a. Present the cycle two overall results with your clinical and non-clinical colleagues at a practice meeting including the top three identified areas for improvement and decide if practice processes are to be implemented/amended including actions to improve COPD patient management. Suggest meeting minutes are taken (this documentation can be used as evidence for PIP QI and/ or Accreditation).
 - b. Implemented the agreed changes based on findings from first clinical audit.
12. GP's (essential) to provide evidence of completion for this clinical audit to GCPHN via email practicesupport@gcphn.com.au
 - Improving COPD Management in Primary Care – Evidence Booklet (this document).
13. GP's (essential) please complete the post activity evaluation form– Submit to the above email above, or use the snap forms [link](#) or scan the QR Code below.



14. GCPHN will submit record of participation to RACGP, upload your hours and provide you with your 'certificate of completion'.

Improving COPD Management in Primary Care – A Clinical Audit

Cycle 1: Post-Audit Reflection Questions

1. Were there any unexpected challenges that came to light?
2. Thinking about the patients in your sample, what areas of COPD care are you already doing well in?
3. What aspects of COPD management (e.g. such as immunisations, lifestyle discussions or referrals) did you find were most often overlooked? What might be the reason for this?
4. Reflecting on the use of clinical tools like the CAT or spirometry, what challenges do you face in routinely incorporating these into your practice?

Improving COPD Management in Primary Care – A Clinical Audit

5. Based on your findings, what are one or two changes you could implement immediately to improve COPD care in your practice?
6. How will you track progress on this goal?
7. Is there anything else you'd like to share about the audit experience, or any other feedback you have?

Improving COPD Management in Primary Care – A Clinical Audit

Cycle 2: Post-Audit Reflection Questions

1. How effective were the changes made in addressing the gaps identified in Cycle 1?
2. Were there any unexpected challenges that came to light?
3. Were discussions around smoking cessation, physical activity, and nutrition more consistent?
4. Have referrals to pulmonary rehab or respiratory specialists become more consistent where appropriate?

Improving COPD Management in Primary Care – A Clinical Audit

5. How has completing both cycles of the audit contributed to improving the approach to COPD management?
6. Are there any lessons from this audit that could be applied to the management of other chronic conditions?
7. How will these improvements be sustained in practice going forward?